

PAP
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Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				Complete if Known	
				Application Number	Not yet assigned
				Filing Date	Herewith
				First Named Inventor	Caspi et al.
				Group Art Unit	Not yet assigned
				Examiner Name	Not yet assigned
Sheet	1	of	1	Attorney Docket Number	03P08210US

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Examiner Signature	<i>[Signature]</i>	Date Considered	6/27/05
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***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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